

Alabama Interagency Autism Coordinating Council Membership Application Information

The Alabama Interagency Autism Coordinating Council (AIACC) includes seats for three adults with ASD, three parents or guardians of a child with ASD, and five service providers. These positions are filled by Governor Appointment, in accordance with Act# 2009-295. Various state agencies and organizations also hold permanent seats on the Council. The AIACC Bylaws/Membership Committee reviews applications and submits them to the Governor for consideration and appointment. Applicants will receive notice of receipt of your application packet.

Applications for the following positions are due Friday, September 30, 2016:

1 Parent of an Adult Individual 19 years of age or older with ASD

In order to be considered for a seat on the Council, you will need to include the following in your Nomination Packet:

-Membership Application Form--Letter of Recommendation-

Incomplete Application Packets will not be considered.

Submit Application Packet to:
Alabama Department of Mental Health
Attn: AIACC / Anna McConnell

100 North Union Street, P.O. Box 301410, Montgomery, AL 36130
P) 205-478-3402 • F) 334-242-0542
anna.mcconnell@mh.alabama.gov



Alabama Interagency Autism Coordinating Council Membership Application

Name:						
Mailing Address:						
City:	State:	Zip:				
Email:	Preferred Phone:					
Alternate Phone:	Fax (if applicable):					
Race:White	Black or African America	Hispanic or Latino				
Asian	American Indian or Alaskan Na	ativeNative Hawaiian or Other Pac	cific Islander			
Gender:Male	Female					
Describe the area whe	re you live:UrbanRural					
For which membership	category of the AIACC are you ap	plying?				
Parent of an Adult I	ndividual 19 years of age or older v	vith ASD (What is your child(ren)'s age?_)			
I am interested in servi	ng on the Council because					

Ny experience and qualifications include (may include any educational or training experience):						
Vhat knowledge an	d skills would you	bring to the	Council?			
	-					
Can you commit to c	onsistent attenda	nce at Coun	cil meetings, so	cheduled quarterly	/?	
Are you willing to be	involved in work	groups and/	or Council com	mittees to carry o	ut the Council's work?	

You may add additional pages to your Nomination Form if this page does not provide sufficient space.

-A Letter of Recommendation must be included in your Nomination Packet.-

Submit Application Packet to:

Alabama Department of Mental Health
Attn: AIACC / Anna McConnell
11 West Oxmoor Tower, Suite 325, Birmingham, AL 35209
205-478-3402

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